



PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 827-4670 fax (505) 827-4700 voice

www.state.nm.us/pera

EMPLOYEE EXCLUSION FROM PERA MEMBERSHIPInstructions: Please print or type in black. The original of this form must be completed in its entirety and returned to PERA for processing.Required fields are in **BOLD ITALICS****SECTION A - MEMBER INFORMATION****SOCIAL SECURITY NUMBER****FIRST NAME**

MI

LAST NAME**ADDRESS TYPE** ☐ PERMANENT ☐ TEMPORARY ☐ MAILING**HOME TELEPHONE NO.****ADDRESS**

BUSINESS TELEPHONE NO.

EMAIL ADDRESS

CITY**STATE****ZIP****SEX** ☐ MALE ☐ FEMALE**DATE OF BIRTH**

CITY OF BIRTH

STATE OF BIRTH

PLEASE review the employee exclusion categories on the reverse side of this form and check the box that applies to your application for exclusion. (CHECK ONE BOX ONLY)

- ☐ SEASONAL EMPLOYEE OR TEMPORARY EMPLOYEE ☐ PART-TIME EMPLOYEE ☐ PRIVATE RETIREMENT
☐ RETIRED MEMBER FROM ERA, JRA, OR MRA ☐ INDEPENDENT ☐ STUDENT EMPLOYEE
☐ RETIRED LEGISLATIVE WORKER ☐ CONTRACTOR

PERA retirees are no longer excluded from PERA membership as seasonal employees, temporary employees or part-time employees. PERA retirees should use the Application for A Reemployed PERA Retiree.

MEMBER CERTIFICATION

I understand that I am being excluded from PERA membership due to the exclusion category checked above. I also understand that and agree that being excluded under this designation will disqualify me for normal, disability, or survivor's retirement benefits under PERA, and that I will be ineligible to purchase such excluded service at a future date.

SIGNATURE OF MEMBER**DATE****SECTION B - TO BE COMPLETED BY EMPLOYER - CURRENT EMPLOYMENT INFORMATION****NAME OF EMPLOYER****MAILING ADDRESS****CITY****STATE****ZIP****DATE EMPLOYED** (mm/dd/ccyy)**EMPLOYER NUMBER****CURRENT POSITION****PLAN****EMPLOYER CERTIFICATION****AUTHORIZED SIGNATURE****DATE OF SIGNATURE** (mm/dd/ccyy)**TITLE****BUSINESS TELEPHONE NO.**